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| Case Number: | CM13-0046339 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/02/2006 |
| Decision Date: | 03/07/2014 | UR Denial Date: | 10/25/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46 year-old female who was injured on 6/2/2006. The 10/4/13 appeal from [REDACTED] lists her diagnoses as: bilateral lateral epicondylitis; right rotator cuff tear, s/p repair; patellofemoral chondromalacia, right knee. [REDACTED] states the Gabadone is a medical food to help with nutritional management of serotonin, acetylcholine and GABA production deficiency that contribute to the sleep disorder. Theramine is another medical food for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gabadone #60 with one refill dispensed on 10/4/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Gabadone

Decision rationale: MTUS/ACOEM does not discuss GABA done. ODG guidelines were consulted. ODG specifically states GABA done is not recommended. The request is not in accordance with ODG guidelines.

Theramine #90 with one refill dispensed on 10/4/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Theramine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Theramine.

Decision rationale: MTUS/ACOEM does not discuss Theramine[®]. ODG guidelines were consulted. ODG specifically states Theramine[®] is not recommended. The request is not in accordance with ODG guidelines

Omeprazole 20mg #30 with one refill dispensed on 10/4/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-69.

Decision rationale: The medical reports from [REDACTED] discuss the medical foods, but do not provide a rationale for the use of omeprazole. There is no discussion of efficacy of omeprazole. There is no discussion of any of the MTUS risk factors for GI events, no mention of ulcers, GERD or use of NSAIDs. The request is not in accordance with MTUS guidelines.